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HOSPITAL, PHILADELPHIA.

SERVICE OF
DR. C. H. BURNETT.

REPORTED BY THOMAS A. DOWNES, M. D., ASSISTANT.

FURTHER OBSERVATIONS ON THE USEFULNESS

OF

CHINOLINE SALICYLATE IN OTORRHOEA.

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CHRONIC OTITIS MEDIA PURULENTA: ITS TREATMENT IN THE PRESBYTERIAN HOSPITAL, PHILADELPHIA.

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THE following cases are taken from the Case Book of the Ear Dispensary of the Presbyterian Hospital, Philadelphia, to show the method there used in the treatment of chronic otorrhœa.

I. February 1, 1882. Miss K., aged twenty-one years, has had an offensive discharge from the left ear since infancy. Health otherwise good. Examination shows a large perforation, leaving a narrow peripheral rim of membrane with the short process only *in situ*. After gently syringing with lukewarm water and drying with absorbent cotton, enough calendulated boracic acid [formula¹ of Dr. Sexton] was blown in to fill the auditory canal up some distance from the bottom. This was done three times a week, the patient in the intervals having her ear syringed at home with warm water.

March 27th. The discharge decreasing, and the powder accumulating in the ear. This was removed carefully with curette, and just enough blown in to dust the parts.

May 1st. No discharge for some weeks past; only a slight degree of moisture. Ulcerated wall of tympanum healed. Can hear words when spoken plainly and slowly.

II. May 1, 1882. David F., aged four years. A stout, healthy looking child. His mother states that both ears have been running for two years. The discharge is offensive and abundant. On examination after washing the ears out, a perforation is found in each membrana tympani, anterior to the malleus near its lower end. The calendulated boracic acid was blown in, in sufficient quantity to partially fill the canal. The mother was instructed not to touch the ears for a day, and then simply wash them out gently with a syringe.

May 10th. Much less discharge. The ears mopped out with the cotton probe.

¹ Dr. Sexton's formula:—

R Tr. calendulæ f3i; ac. boracici 3i.

M. and expose for evaporation. Take one drachm of this and two drachms of ac. boracic. and rub up into an impalpable powder.

The powder has a tendency to accumulate and retard the outward flow of the discharge. Reduce the quantity of powder insufflated to just enough to thoroughly cover the diseased surface.

June 12th. The discharge has ceased for over two weeks. Ears dry. Hearing apparently normal in each ear.

III. May 19, 1882. Mrs. R., aged thirty-eight years. Married. General health good. Left ear has been running for past twenty-nine years, since an attack of measles. Has had a variety of treatment, both regular and irregular, without benefit. Husband objected to having the discharge cured as "it might go through the system." After cleansing well with the cotton probe, an old exostosis about as large as a split pea on the posterior superior wall of the canal was seen projecting over, and partially concealing, an abrasion on the wall of the tympanum. Membrana tympani destroyed, excepting a small portion attached to the short process.

Could hear the large tuning-fork some two inches from the ear, and single words when spoken distinctly and slowly about two feet off. Calendulated boracic acid was blown in, and the patient advised to let her ear alone. She reported regularly, being encouraged, much to her surprise, by the decreasing of the discharge.

July 3d. No discharge; some moisture. The old accumulated powder was cleaned out, and only enough blown in to cover the discharging surface.

August 23d. Has been to the country for some weeks. No moisture in her ear, and the diseased surface healed. Hearing same as at previous measurement.

IV. August 7, 1882. Robert P., aged eight years. A well-nourished healthy looking boy. Had scarlet fever when thirteen months of age, leaving him with running ears. Discharge very profuse and offensive. During the past four months his ears have bled at times and ached violently.

Very deaf. Countenance gradually assuming that vacant, peculiar expression so often seen accompanying deafness.

On examination after syringing the right ear, two polypi are seen posterior to malleus and near the membrana flaccida, which were removed with polypus snare. Slight bleeding. The ear was then syringed out, and the pedicles were carefully touched with chromic acid on cotton probe. The canal was then filled with calendulated boracic acid. The left ear was then well mopped out with absorbent cotton, and filled with the same application as the right ear.

August 18th. Discharge has ceased from the right ear. Membrana tympani perforated; the hearing decidedly better. Extracted two polypi from the left ear, situated at the short process. Touched the pedicles with chromic acid; insufflated calendulated boracic acid.

August 29th. But little discharge from left ear. Hears well in it. Continue calendulated boracic acid.

Remarks. — Dr. Burnett, in otitis media purulenta chronica, uses the syringe to clean the ear when the discharge is profuse, as being the quickest and most thorough method, and cotton on a probe when the discharge is slight. Insufflation by means of a blow-pipe of one foot of flexible rubber tubing fitted with two or three inches of goose-quill for taking up the powder and conveying it into the speculum, and the meatus of the auditory canal, is used in applying powder to the ear. After slight practice, the facility and efficiency of insufflation is very gratifying. At first, enough powder is used to partially fill the auditory canal. Packing or tamponing is avoided. As the discharge decreases, the quantity of powder is reduced, until the quantity used amounts to enough to simply dust the diseased parts. Patients are directed to keep the ear clean by syringing between their visits to the dispensary when the discharge is copious enough to run out, otherwise to let their ears entirely alone.

FURTHER OBSERVATIONS ON THE USEFULNESS OF CHINOLINE SALICYLATE IN OTORRHŒA.

By CHARLES H. BURNETT, M. D.,

PHILADELPHIA.

IN Vol. IV., No. 2, of this JOURNAL, April of this year, the nature of salicylate of chinoline and its usefulness in the treatment of otorrhœa were stated in a preliminary communication by the writer, after a trial in several cases in private and in hospital practice.

Although the employment of the drug in the form of an undiluted powder had not been attended by any unpleasant symptoms, in any case, at the time of writing the first communication concerning this valuable remedy, since then, in several cases, the insufflation of the pure powdered chinoline salicylate has been followed by some sensation of heat and even burning, which, however, soon passed away without exciting any inflammation.

The pure powder of salicylate of chinoline was tried in two cases of the worst forms of otorrhœa procurable; viz., in two deaf-mutes, one with chronic purulent otitis media in the right ear, and the other with this disease in both ears. Under the use of the chinoline salicylate both cases became much better; the odor disappeared entirely from one case, that with a single ear diseased, and became much less in the one affected in both ears.

As, however, in both of these cases, the patients stated that there was some discomfort, as described, in their ears, after the insufflation of the chinoline salicylate, and also, as in another case, a girl, twelve years old, with chronic suppuration of the right ear after diphtheria, a burning was caused by the use of the pure powder, I determined to dilute it with boracic acid. This was therefore done by adding one drachm of chinoline salicylate to one ounce of very finely powdered boracic acid. And let me say here that I have not been able to obtain from any one finer triturations of boracic acid than from McKelway, 1410 Chestnut Street, Philadelphia.

The greatest possible trituration of a powder is demanded in that to be used by insufflation in the treatment of aural diseases, because by the fineness of trituration the powder causes less mechanical irritation, adapts itself more closely to inflamed spots, like crevices, cracks, or small deep ulcers, and a less quantity is necessary: thus the ear escapes being clogged. In no case have I found it necessary to fill the entire auditory canal with powder. If the entire wall of the canal is diseased it is necessary to dust it, but not to pack the calibre. If only the fundus is diseased, — *i. e.*, the region of the annulus tympanicus, or the membrana tympani, or its remnant, together with the exposed mucous membrane in the diseased tympanic cavity, — then only these parts need be dusted, either by putting powder on by the cotton tuft somewhat as toilet powders are put on by a "powder puff," or, as I prefer, by means of a blow-tube. This is best made of a foot of black rubber tubing and a goose-quill cut blunt at the distal end for taking up the powder and carrying it to the ear-funnel. When this is done under good illumination by the forehead-mirror, the quill being held in the speculum, as one would a short pen, aim is easily taken, and by a gentle puff the powder is sent evenly and effectually over the diseased surfaces. In my experience the use of powders for the cure of otorrhœa takes precedence over "drops," a conclusion to which many other aurists have come. The patient with otorrhœa now fares best who is told to let his ear alone at home, and to see his physician daily until the discharges begin to diminish. The surgeon should cleanse the ear by cotton on the holder rather than by syringing, and he should apply all the local medication. This should consist in insufflation of powders, unless it is necessary to remove a polypus, or to cauterize the ear by solutions of nitrate of silver, or by chromic acid, or by any other escharotic. The silver solutions may be instilled into the ear, but all other caustics must be conveyed in very small quantities, and by the most skillful fingers, under the most complete illumination, and with full view of the diseased spot about to be touched. After the use of caustics of any kind in the fundus of the auditory canal an insufflation of boracic acid should be made, as a kind of antiseptic dressing to the diseased surface.

So far as the salicylate of chinoline is concerned, it has proven itself to be a most valuable adjuvant to boracic acid.



